

1541

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				393	
County <u>Pima</u>		State <u>Arizona</u>		State File No. <u>636</u>	
District or Township <u>Tucson</u>		or Village		Local Registrar's No.	
City <u>Tucson</u>		No. (If death occurred in a hospital or institution, give its NAME instead of street and number)		St. Ward	
2. FULL NAME <u>Lena D. Robbins</u>					
(a) Residence, No. <u>315</u>		Luma		St. Ward	
(Usual place of abode)				(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred <u>4</u> yrs. <u>10</u> mos. <u>0</u> ds.				How long in U. S. if of foreign birth? <u>4</u> yrs. <u>0</u> mos. <u>0</u> ds.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u>		16. DATE OF DEATH <u>AUG 15 1930</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Noel E. Robbins</u>				17. I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1930</u> to <u>Aug 15, 1930</u>	
6. DATE OF BIRTH (month, day and year) <u>Dec 6</u>				that I last saw <u>her</u> alive on <u>Aug 15, 1930</u>	
7. AGE	Years <u>29</u>	Months <u>8</u>	Days <u>9</u>	and that death occurred, on the date stated above, at <u>4:10 P. M.</u>	
8. OCCUPATION OF DECEASED		IF LESS than 1 day or min.		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>Housewife</u>				<u>Acute Infect. T. B.</u>	
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Texas</u>				CONTRIBUTORY (Secondary) <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.	
10. NAME OF FATHER <u>Mrs. P. Hamilton</u>				(duration) <u>6</u> yrs. <u>0</u> mos. <u>0</u> ds.	
11. BIRTHPLACE OF FATHER (State or country) <u>Canada</u>				18. Where was disease contracted if not at place of death? <u>Texas</u>	
12. MAIDEN NAME OF MOTHER <u>Mollie Fry</u>				Did an operation precede death? <u>No</u> Date of <u>Aug 15 1930</u>	
13. BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>				Was there an autopsy? <u>No</u>	
14. Informant <u>Noel E. Robbins</u>				What test confirmed diagnosis? <u>Physical</u>	
(Address) <u>Texoma, Okla.</u>				(Signed) <u>J. H. Hamilton</u> , M. D.	
15. Filed <u>AUG 16 1930</u> by <u>Dr. Alvin Kuntze</u>				AUG 16 1930 (Address) <u>Tucson, Ariz.</u>	
Registrar.				State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Texoma, Okla.</u>				DATE OF BURIAL <u>AUG 16 1930</u>	
20. UNDERTAKER <u>Reilly Undertaking Co.,</u>				ADDRESS <u>Tucson, Arizona</u>	